SERIAL NUMBER 9/763767

TO:

OFFICE OF FINANCE

FROM:

CRYSTAL PLAZA 2, LOBBY

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

		- ·	*		
FEE CODE	AMOUNT	FEE CODE	AMOUNT		
BASIC FEE		CLAIMS/MULTIPLE DEPENDENT			
960		964	· · · · · · · · · · · · · · · · · · ·		
961		965			
970		966	A		
971		967	9000		
958		968	-		
959		969			
956		LATE FEES/SUR	CHARGE		
957		154	<u> </u>		
962	-	254			
963	 	156			
OTHER:		581	-		
			·		
			•		

THE ORIGINAL METHOD OF PAYMENT

BY A CHECK

BY A CHARGE TO DEPOSIT ACCOUNT NO.

DO/EO FEE

Charitta A. Burt Paralegal Specialist

U.S. APJICATIONNO (IF TOM	3767	INTERNATIONAL, APPLICATION NO. PCT/GB99/02838		attorney's docket number 65435–9002				
BASIC NATIONAL	l preliminary ex	CALCULATIONS PTO USE ONLY FEE WILE ACCOUNTY LEGGINA CONTROL TO USE ONLY						
nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO					50 08	12		
but international sea	irch fee (37 CFR	967 900						
but all claims did no International prelim and all claims satisf	ot satisfy provision inary examination ied provisions of		L					
ENTE	R APPROPR	IATE BASIC F	EE AMO	UNT =	\$ 860.00			
Surcharge of \$130.00 months from the earl) for furnishing the first claimed prior	\$ 0,00						
CLAIMS	NUMBER FIL		ER EXTRA	RATE	\$ 400.00			
Total claims	44 - 20			x \$18.00	\$ 432.00 \$ 80.00			
Independent claims	4 -3			x \$80.00 + \$270.00	\$ 270.00	_		
MULTIPLE DEPEN			TE CALCI		\$ 1,642.00			
TOTAL OF ABOVE CALCULATIONS = Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.					\$ 821.00			
			S	UBTOTAL =	\$ 821.00			
Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 CFR 1.492(f)).					\$ 0.00			
		\$ 821.00						
Fee for recording the accompanied by an a	e enclosed assign appropriate cover	\$ 40.00						
		TOTA	AL FEES E	CNCLOSED =	\$ 861.00			
					Amount to be refunded:	\$		
					charged:	1,2		
a. A check in the amount of \$ 861.00 to cover the above fees is enclosed. b. Please charge my Deposit Account No. in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed.								
c. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0842. A duplicate copy of this sheet is enclosed.								
d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
NOTE: Where at 1.137 (a) or (b)) m	appropriate ti sust be filed and	me limit under 37 granted to restore	CFR 1.494 or the applicat	r 1.495 has not been ion to pending statu	met, a petition to rev	vive (37 CFR		
SEND ALL CORRESP	ONDENCE TO:	ade 1 foun	ilus					
Grady J. Frenchick					TURE (26/02/01		
Michael Best & Friedrich LLP					dy J. Frenchick			
One South F	inckney Stre							
P.O. Box 1806								
Madison, WI 53701-1806 REGIST					TRATION NUMBER			